

In the matter of _____

Name(s)

Attorney Name _____

Phone # _____

P# _____

Address _____

Vendor ID _____

City, State, ZIP _____

Appointment Date _____

The above named attorney was appointed to serve as attorney or LGAL for _____ Name(s) . A complete and accurate record of services rendered appears below.

This IS a RTA case.

This is NOT a RTA case.

DELINQUENCY PROCEEDINGS

STANDARD PROCEEDINGS THROUGH DISPOSITION	CODE	FEE PER CASE	HEARING COMPLETION DATE
Case Resolved at Preliminary Inquiry / Hearing	CRPH	\$150	
Adjudication	ADJ	\$200	
Adjudication with Immediate Disposition	AID	\$250	
Disposition Hearing Following Plea	DFP	\$200	
Trial (includes preparation and disposition, if found responsible)	TRIAL	\$500 per 1 st half day	
Each Additional ½ Day of Trial	TR ADDL	\$300 per ½ day	

POST-DISPOSITION AND OTHER PROCEEDINGS	CODE	FEE PER CASE	HEARING COMPLETION DATE
Motion/Evidentiary Hearing (hearing time only)	MOT	\$100 per hour	
Post-Disposition Hearings (e.g. Reviews, PVs, Show Cause)	REV	\$100	
Saturday Preliminary Hearing	SAT	\$150	
Appeals (attach Itemized Statement; maximum \$1000 per case)	APP	\$60 per hour	

I declare that the above statements are true to the best of my information, knowledge and belief.

Date _____

Attorney Signature _____

Please Return to: Livingston County Juvenile Court
204 S. Highlander Way
Howell, MI 48843
juvenilecourt@livgov.com

For Court Use Only

Verified By: _____

Date: _____

Total Due: _____